

## Bölüm 4

# ÇOCUKLARDA AKUT ATAKSİ

Hande GAZETECİ TEKİN<sup>1</sup>

Ataksi, motor hareketlerin koordinasyonunun bozulduğu, devamlılık gösteren hareketlerin yürütülmesini engelleyen ve dengeyi sağlama güçlüğüne olduğu nörolojik bir hastalıktır. Ataksisi olan çocuklarda 'geniş tabanlı yürüme' diye adlandırılan yürürken ayaklarını birbirinden uzağa atarak ayırık yürüme tipik bulgudur. Gövdenin dengesinin sağlanamaması sonucu yalpalama ve düşmeler, düz yürümeye çalışılsa da hep bir yana doğru yürüme eğilimi de sık görülen bulgulardandır (1).

Akut ataksi ile karşılaşıldığında ataksinin kaynağının belirlenmesinde fizik bakıda bazı ipuçları mevcuttur. Serebellar hemisfer kaynaklı anormalliklerde kişi aynı tarafa doğru yalpalar ve o taraf ekstremiteelerde dismetri gözlenir. Oysa serebellar vermiş kaynaklı patolojilerde hasta gövdedeki sallanma hareketi nedeniyle yürüyemez, ayakta duramaz hatta oturamaz ve titubasyon denilen sürekli baş sallama hareketi mevcuttur. Serebellar bozukluklarda konuşmada yersiz duraksamalar ve tonlamalara rastlanabilir. Arka kordon kaynaklı ataksilerde ise gözler kapandığında hasta düşebilir (Romberg belirtisi) (2).

Öncesinde sağlıklı ve en fazla 72 saat içinde semptomların geliştiği çocukların ataksisi en sık enfeksiyonlar ve toksik sebeple olurken, yineleyici ataksiler en sık migren varyantları ve metabolik hastalıklar nedeniyledir (3-5).Etyolojik sınıflama-Akut Ataksi

### 1) Post-enfeksiyöz ve immün nedenler

#### a. Santral Nedenler

- i. Akut post enfeksiyöz serebellar ataksi
- ii. Akut post enfeksiyöz serebellit
- iii. Akut dissemine ensefalomyelit (ADEM)
- iv. Multipl skleroz
- v. Miyoklonik ensefalopati/opsomiyo- klonus
- vi. Gluten ataksisi (Çölyak hastalığı)

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